

JJ SUDS Treatment Services							
AUTHORIZED LEVEL OF CARE (Individual or Parent Service)	BILLABLE ITEM				APPLICABLE FUNDING		FREQUENCY
	Child Service (Bundled services only)	Procedure Code	Unit	Billable Rate	IDJC	Medicaid Supplemental	Frequency Limits
Alcohol or Drug Assessment	n/a	H0001	15 min.	\$12.40	X	X	20 units max for regular assessments; 22 units for onsite Detention/Facility assessments; If mileage to the facility is needed, authorize Travel for Professionals
Level 1.0 Outpatient Bundle	Parent Code: 90847/HZ; Parent Rate: \$7.86				n/a	n/a	No more than 9 hours per week for Adults and 6 hours per week for Adolescents
	Outpatient (Education)	S9448/TF	15 min.	\$4.14	X	X	
	OP and IOP (Group)	H0005/HZ	15 min.	\$6.21	X	X	
	Outpatient (Individual Counseling)	H0004/HZ	15 min.	\$12.40	X	X	
	Outpatient (Family Therapy)	90847/TF	15 min.	\$14.20	X	X	
	Outpatient (Family Therapy with Client Not Present)	90846/59	15 min.	\$14.20	X	X	
Level 2.1 Intensive Outpatient Bundle	Parent Code: 90847/TF/HZ; Parent Rate: \$7.86				n/a	n/a	Min 9 hours per week for Adults and 6 hours per week for Adolescents
	Intensive Outpatient (Education)	S9448/HZ/59	15 min.	\$4.14	X	X	
	OP and IOP (Group)	H0005/HZ	15 min.	\$6.21	X	X	
	Intensive Outpatient (Individual)	H0004/HZ/59	15 min.	\$12.40	X	X	
	Intensive Outpatient (Individual with Family Members)	90847/TF/59	15 min.	\$14.20	X	X	
	Outpatient (Family Therapy with Client Not Present)	90846/59/HF	15 min.	\$14.20	X	X	
Adolescent Transitional Housing	n/a	H0043	Day	\$143.33	X	X	Once per day; include admit day, do not include discharge day
Level 3.5 Adult Residential	n/a	H0017	Day	\$176.40	X	X	Once per day; include admit day, do not include discharge day
Level 3.5 Adolescent Residential	n/a	H0017/HA	Day	\$198.45	X	X	Once per day; include admit day, do not include discharge day

JJ SUDS Recovery Support Services							
AUTHORIZED LEVEL OF CARE (Individual or Parent Service)	BILLABLE ITEM				APPLICABLE FUNDING		FREQUENCY
	Child Service (Bundled services only)	Procedure Code	Unit	Billable Rate	IDJC	Medicaid Supplemental	Frequency Limits
Adolescent Safe & Sober Housing	n/a	H0045	1 day	\$75.00	X	X	
Adult Safe & Sober Housing	n/a	H0044	1 day	\$11.50	X	X	
Case Management (Basic and Intensive)	n/a	H0006	15 min.	\$12.40	X	X	
Child Care	n/a	T1009	15 min.	\$4.04	X	n/a	Approval by Probation and IDJC on case by case basis
Drug/Alcohol Testing	n/a	H0003	1 Test	\$13.50	X	X	
Oral Interpreter	n/a	T1013	TBD	Billed Amount	X	X	If travel is needed, authorize Travel for Professionals. Approval by Probation and IDJC on case by case basis
Life Skills Bundle	Parent Code: H2015/HF/U1		Parent Rate: \$6.56		n/a	n/a	
	Life Skills-Client not present (Individual)	HQ2015/HS/HS	15 min.	\$6.56	X	X	
	Life Skills (Group)	H2015	15 min.	\$3.94	X	X	
	Life Skills-(Individual)	H2015/HF/U7	15 min.	\$6.56	X	X	
	Life Skills-Client not present (Group)	HQ2015/HS	15 min.	\$3.94	X	X	
Recovery Coaching- over 18 yrs only	n/a	H0038/59	15 min.	\$10.00	X	X	
Staffing	n/a	H0022	15 min.	\$6.21	X	X	No identified limit.
Transportation Bundle	Parent Code: A0080/U9		Parent Rate: \$1.17		n/a	n/a	
	Transportation Pick Up	T2002	Pick-up & 1st Mile	\$4.20	X	X	
	Transportation of Client	A0080	1 mile	\$1.17/mile	X	X	
Transportation Flat Fee	n/a	T2003	1 unit	\$1.00	X	n/a	Approval by Probation and IDJC on case by case basis
Travel for Professionals (Frontier Travel)	n/a	S0215	1 mile	\$0.55	X	X	Mileage pre-approved by Probation and IDJC